



Please return to:
David Huff
Traffic Education Programs
Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501
www.opi.mt.gov

YEAR END REPORT (formerly known as "SURVEY")
Traffic Education Programs
For the Period
July 1, 2007 through June 30, 2008
FORM TE06

DUE: Complete and **return** to OPI by **July 10**.
ATTENTION: The information requested herein will be compiled into a statewide summary for distribution to all high schools, to be used to track statewide program trends and costs, and assist OPI with program planning and assessment.

School Name: _____
Mailing Address: _____
City: _____ ZIP: _____ County: _____
Name of Person Completing Survey: _____
Daytime Phone: _____

OPI USE ONLY
CO _____
LE _____
Ck'd _____

PROGRAM DESCRIPTION:

A. Regarding Traffic Education, did you:

1. Offer traffic education: ☐ During regular school hours ☐ Outside regular school hours ☐ Summer

	Amount	Yes	No
2. <u>Charge a fee</u> for each student enrolled in traffic education during:			
1st semester	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd semester	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
summer	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plan to, for the upcoming school year and summer, <u>increase the fee</u> charged students? If yes, indicate new charge in the amount box.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Grant credit</u> for successful completion of traffic education?		<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Screen students</u> for visual acuity before they are permitted behind-the-wheel?		<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Employ a traffic and safety education coordinator and/or supervisor</u> ?		<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Offer pedestrian safety</u> instruction in your elementary and middle schools?		<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Offer school bus rider safety</u> instruction in your elementary and middle schools?		<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Offer bicycle safety</u> instruction in your elementary and middle schools?		<input type="checkbox"/>	<input type="checkbox"/>
10. Make your traffic education program <u>available to adult beginning drivers</u> ?		<input type="checkbox"/>	<input type="checkbox"/>
11. Make your traffic education program <u>available to students with disabilities</u> ?		<input type="checkbox"/>	<input type="checkbox"/>
12. Teach an instructional unit on <u>sharing the road with motorcycles</u> ?		<input type="checkbox"/>	<input type="checkbox"/>
13. Emphasize and require <u>use of seat belts</u> ?		<input type="checkbox"/>	<input type="checkbox"/>
14. Teach an instructional unit on the effects of <u>alcohol/drugs</u> and <u>encourage students to not drink</u> ?		<input type="checkbox"/>	<input type="checkbox"/>
15. Use OPI's current <u>Traffic Education Curriculum Guide</u> ?		<input type="checkbox"/>	<input type="checkbox"/>
16. <u>Utilize computers</u> as part of the traffic education program?		<input type="checkbox"/>	<input type="checkbox"/>
17. <u>Conduct follow-up research</u> to determine the accident involvement and violation rate of students successfully completing the traffic education program?		<input type="checkbox"/>	<input type="checkbox"/>
18. <u>Involve parents</u> in the traffic education program (<u>Parent Night</u> and/or <u>Parent Ride Along</u>)?		<input type="checkbox"/>	<input type="checkbox"/>
19. <u>Participate in the Cooperative Driver Testing Program (CDTP)</u> and administer the state driver license tests to your students?		<input type="checkbox"/>	<input type="checkbox"/>
20. <u>Use OPI web page or METNET</u> to obtain traffic education information?		<input type="checkbox"/>	<input type="checkbox"/>

B. Indicate the number of qualified instructors teaching traffic education on a: 1. _____ full-time basis
2. _____ part-time basis

C. Indicate the title of the textbook you use: _____ Year: _____

D. How many vehicles are used annually in your traffic education program? _____

E. How does the district obtain traffic education vehicles? (Check all that apply.)

CHECK

1. _____ free loan
2. _____ daily fee
3. _____ lease or rental
4. _____ district owned
5. _____ instructor owned
6. _____ other (please specify) _____

- F. Was/were your district traffic education vehicle(s) involved in an accident(s) during this reporting period? ☐ Yes ☐ No
1. Number of traffic accidents _____
 2. Number of persons injured _____
 3. Number of persons killed _____
 4. Amount of property damage \$_____

- G. Indicate which payment method(s) and rate(s)/amount(s) your district uses to determine traffic education instructors' salaries:

<u>Payment Method(s)</u>	<u>Rate/Amount for Regular School Year Program</u>	<u>Rate/Amount for Summer School Program</u>
Check method(s) that apply:		
1. Hourly	<input type="checkbox"/>	<input type="checkbox"/>
2. Weekly	<input type="checkbox"/>	<input type="checkbox"/>
3. Monthly	<input type="checkbox"/>	<input type="checkbox"/>
4. Per pupil	<input type="checkbox"/>	<input type="checkbox"/>
5. Portion of scheduled salary	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
What does your payment method equate to in <u>hourly</u> wages?		
School session: hourly maximum rate _____	Summer session: hourly maximum rate _____	
hourly minimum rate _____	hourly minimum rate _____	

- H. Indicate the number of students completing the district traffic education program during this reporting period: _____

- I. List below all current fiscal year operational costs incurred including salaries for your traffic education program
REGARDLESS OF THE FUNDING SOURCE.

Description of Traffic Education Program Expenditures	Amount
1. Gross salaries	\$ _____
2. Employer's contribution for employee's social security, retirement.....	\$ _____
3. Other employee benefits	\$ _____
4. Vehicle rent, lease or purchase fees (if school owned, calculate a yearly cost based on \$.485 per mile)	\$ _____
5. Vehicle fuel, oil, repairs, maintenance and installations	\$ _____
6. Vehicle insurance premiums	\$ _____
7. Instructional equipment (visual aids, etc.)	\$ _____
8. Rental fees for video, equipment, etc.	\$ _____
9. Textbooks and supplies	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____

J. **TOTAL COST INCURRED** (add lines 1 through 14 above)..... \$ _____

K. **AVERAGE COST PER PUPIL** \$ _____
(Line J, Total Cost, divided by Line H, Number of Students)

- L. Indicate the number of eligible students, within the district boundaries, who desired to take traffic education and who were not able to do so because of:

1. Insufficient classes _____
2. Scheduling conflicts _____
3. Other _____ List reason: _____
4. Indicate how the district deals with eligible students unable to take the class when they desire.
 - a. First come _____
 - b. Oldest first served _____
 - c. Other _____ Explain: _____

This survey is accurate and complete to the best of my knowledge. I understand that traffic education reimbursement for my school will not be processed unless this survey is completed by July 10.

Signature, District Administrative Official

Title

Date